· FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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Expires: Estimate	March	3235-0076 30, 2008 ge burden 1
s	EC USE	ONLY
Prefix		Serial
D.A	ATE RE	CEIVED

Name of Offering (check if this	is an amendment and name has ch	anged, and indicate ch	ange.)		
issuance of Warrants to purchase Com- underlying shares of Preferred Stock issu					
Filing Under (Check box(es) that a	pply): \square Rule 504	☐ Rule 50:	5 🗷 Rule 506	☐ Section 4(6) ULOE
Type of Filing:		New Filing		☐ Amendment	The state of the s
	A. B	ASIC IDENTIFICAT	ION DATA		To the second second
1. Enter the information requests	ed about the issuer				200 N B 2108
Name of Issuer (check if this is	an amendment and name has chan	ged, and indicate chan	ge.)		<u> </u>
Ensenda, Inc.					
Address of Executive Offices	(Number an	d Street, City, State, Zi	Code) Telephone Nur	nber (Including Area (Code)
153 Kearny Street, 6th Floor, San	Francisco, CA 94108		(415) 277-	2000	
Address of Principal Business Oper	rations (Number and Street, City, S	State, Zip Code)	Telephone Nur	nber (Including Area (Code)
Same as above					
Brief Description of Business Business to business electronic con	nmerce				OCT 0.5.20
Type of Business Organization					
	☐ limited partnership, ali	eady formed		☐ other (please sp	ecify): THOMSON
☐ business trust	☐ limited partnership, to	be formed			
Actual or Estimated Date of Incorp	oration or Organization:	<u>Month</u> November	<u>Year</u> 2000		
Indication of Incomposition as Oc-	romination. (Cuton true 1-4 III)	C. Dontal Coming - L.L.	dation for State.	☑ Actual	☐ Estimated
Jurisdiction of Incorporation or Org	-	 Postal Service abbre- for other foreign jurisd 			DE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

| Check                  | ☐ Promoter                                  | Beneficial Owner               | Executive Officer                     | ☑ Director              | ☐ General and/or |
|------------------------|---------------------------------------------|--------------------------------|---------------------------------------|-------------------------|------------------|
| Box(es) that<br>Apply: |                                             |                                |                                       |                         | Managing Partner |
|                        | name first, if individual)                  |                                |                                       |                         |                  |
| Smith, Ray             | . name mst, n marvidual)                    |                                |                                       |                         | •                |
|                        | idence Address (Number and                  | Street City State 7 in Code)   |                                       |                         |                  |
|                        | 6th Floor, San Francisco, CA                |                                |                                       |                         |                  |
| Check                  | ☐ Promoter                                  | ■ Beneficial Owner             | Executive Officer                     | <b>≥</b> Director       | ☐ General and/or |
| Box(es) that           | <b>—</b> 1.0                                | Deliving Office                |                                       |                         | Managing Partner |
| Apply:                 |                                             |                                |                                       |                         |                  |
|                        | t name first, if individual)                |                                |                                       |                         |                  |
| Howard, Robert         |                                             |                                | · · · · · · · · · · · · · · · · · · · |                         |                  |
|                        | idence Address (Number and S                | -                              |                                       |                         |                  |
|                        | et, 6th Floor, San Francisco, (             | CA 94108                       |                                       |                         |                  |
| Check                  | ☐ Promoter                                  | ☐ Beneficial Owner             | Executive Officer                     | ☐ Director              | ☐ General and/or |
| Box(es) that<br>Apply: |                                             | •                              |                                       |                         | Managing Partner |
|                        | name first, if individual)                  |                                |                                       |                         |                  |
| McGovern, Jack         | · ·                                         |                                |                                       |                         |                  |
|                        | idence Address (Number and S                | Street, City State, Zin Code)  |                                       |                         |                  |
|                        | et, 6th Floor, San Francisco, (             |                                |                                       |                         |                  |
| Check Boxes            | ☐ Promoter                                  | Beneficial Owner               | ☐ Executive Officer                   | ☑ Director              | ☐ General and/or |
| that Apply:            |                                             | _ Denomination of the control  |                                       |                         | Managing Partner |
| Full Name (Last        | name first, if individual)                  |                                |                                       |                         |                  |
| Daniel Rubin           | , ,                                         |                                |                                       |                         |                  |
| Business or Res        | idence Address (Number and S                | Street, City, State, Zip Code) |                                       |                         |                  |
| c/o Alloy Ventu        | res 480 Cowper St, 2 <sup>nd</sup> Floor, I | Palo Alto, CA 94301            |                                       |                         |                  |
| Check Boxes            | ☐ Promoter                                  | ☑ Beneficial Owner             | ☐ Executive Officer                   | Director                | ☐ General and/or |
| that Apply:            |                                             |                                |                                       |                         | Managing Partner |
| Full Name (Last        | name first, if individual)                  |                                |                                       |                         |                  |
| John Shoch             |                                             |                                |                                       |                         |                  |
|                        | idence Address (Number and S                |                                |                                       |                         |                  |
|                        | res 480 Cowper St., 2 <sup>nd</sup> Floor,  | Palo Alto; CA 94301            |                                       |                         |                  |
| Check                  | ☐ Promoter                                  | Beneficial Owner               | ☐ Executive Officer                   | ☐ Director              | ☐ General and/or |
| Box(es) that<br>Apply: |                                             |                                |                                       |                         | Managing Partner |
|                        | name first, if individual)                  |                                |                                       |                         | <del></del>      |
| -                      |                                             | 000 L.P.: Alloy Partners 2000  | L.P.; Alloy Ventures 2000, L.P.       | Alloy Anney I I P       |                  |
|                        | idence Address (Number and S                |                                | Biri, rinoy reneares 2000, Bir.       | , raio, rainex i, b.i . |                  |
|                        | 2 <sup>nd</sup> Floor, Palo Alto, CA, 9430  |                                |                                       |                         |                  |
| Check Boxes            | ☐ Promoter                                  | Beneficial Owner               | ☐ Executive Officer                   | Director                | ☐ General and/or |
| that Apply:            | - Tromoter                                  |                                |                                       | 20100101                | Managing Partner |
| Full Name (Last        | name first, if individual)                  |                                |                                       |                         |                  |
| Christian Mann         |                                             |                                |                                       |                         |                  |
| Business or Res        | idence Address (Number and S                | Street, City, State, Zip Code) |                                       |                         |                  |
|                        | ossom Ct., Gaithersburg, MD                 |                                |                                       |                         |                  |
| Check Boxes            | ☐ Promoter                                  | ☐Beneficial Owner              | ☐ Executive Officer                   | Director                | ☐ General and/or |
| that Apply:            |                                             |                                |                                       |                         | Managing Partner |
| Full Name (Last        | name first, if individual)                  |                                |                                       |                         |                  |
|                        |                                             |                                |                                       |                         |                  |
| Business or Res        | idence Address (Number and S                | treet, City, State, Zip Code)  |                                       |                         |                  |
|                        |                                             |                                |                                       |                         |                  |
|                        |                                             |                                |                                       |                         |                  |

|       |                     |                                     |                                 |                                 | . INFORM        | IATION AD                    | OUI OFFI    | EKING         |                |                                       |                                       |                                                           |
|-------|---------------------|-------------------------------------|---------------------------------|---------------------------------|-----------------|------------------------------|-------------|---------------|----------------|---------------------------------------|---------------------------------------|-----------------------------------------------------------|
| 1.    | Has the issuer so   | old, or does the is                 | suer intend to                  |                                 |                 |                              | _           | ?g under ULO! |                |                                       | Yes N                                 | √0 <u>X</u>                                               |
| 2.    | What is the mini    | mum investmen                       | t that will be a                | ccepted fro                     | m any indiv     | idual?                       | . •         |               |                |                                       | \$                                    | N/A                                                       |
| 3.    | Does the offering   | g permit joint ow                   | nership of a s                  | ingle unit?                     |                 |                              |             |               |                |                                       | Yes N                                 | lo <u>X</u>                                               |
| 4.    | solicitation of p   | urchasers in con<br>he SEC and/or w | inection with<br>ith a state or | sales of sec<br>states, list th | curities in the | he offering.<br>he broker or | If a person | to be listed  | is an associat | ed person or                          | agent of a                            | remuneration for<br>broker or dealer<br>persons of such a |
| N/A   |                     |                                     |                                 |                                 |                 |                              |             |               |                |                                       |                                       |                                                           |
| Full  | Name (Last name     | e first, if individu                | ıal)                            |                                 |                 |                              |             |               |                |                                       |                                       |                                                           |
|       |                     |                                     |                                 |                                 |                 |                              |             |               |                |                                       |                                       |                                                           |
| Bus   | iness or Residence  | e Address (Numl                     | per and Street,                 | City, State                     | , Zip Code)     |                              |             |               |                |                                       |                                       |                                                           |
| Nan   | ne of Associated E  | Broker or Dealer                    | .,                              |                                 |                 |                              |             |               |                |                                       |                                       |                                                           |
|       |                     |                                     |                                 |                                 |                 |                              |             |               |                |                                       |                                       | ····                                                      |
|       | es in Which Perso   |                                     |                                 |                                 |                 |                              |             |               |                |                                       |                                       |                                                           |
| •     | eck "All States" o  |                                     | ,                               |                                 |                 |                              |             |               |                |                                       |                                       |                                                           |
| [AL   | •                   |                                     | [AR]                            | [CA]                            | [CO]            | [CT]                         | [DE]        | (DC)          | [FL]           | [GA]                                  | [НП]                                  | [ID]                                                      |
| [IL]  |                     |                                     | [KS]                            | [KY]                            | [LA]            | [ME]                         | [MD]        | [MA]          | [MI]           | IMNI                                  | [MS]                                  | [MO]                                                      |
| IMI   | •                   |                                     | [HN]                            | [NJ]                            | [NM]            | [NY]                         | [NC]        | [ND]          | [OH]           | [OK]                                  | [OR]                                  | [PA]                                                      |
| [RI]  |                     |                                     | [TN]                            | [TX]                            | [UT]            | [VT]                         | [VA]        | [VA]          | [WV]           | [WI]                                  | [WY]                                  | [PR]                                                      |
| Full  | Name (Last name     | e first, if individu                | iai)                            |                                 |                 |                              |             |               |                |                                       |                                       |                                                           |
| Bus   | iness or Residence  | e Address (Numb                     | er and Street,                  | City, State                     | , Zip Code)     |                              |             |               |                |                                       | · · · · · · · · · · · · · · · · · · · |                                                           |
| Nan   | ne of Associated E  | Broker or Dealer                    |                                 |                                 |                 |                              |             |               |                |                                       | <del></del>                           |                                                           |
| Stat  | es in Which Perso   | on Listed Has Sol                   | icited or Inten                 | ds to Solici                    | t Purchasers    | ;                            |             |               |                |                                       |                                       |                                                           |
| (Ch   | eck "All States" o  | r check individu                    | al States)                      |                                 |                 |                              |             |               |                |                                       |                                       |                                                           |
| JAL   | j [AK]              | [AZ]                                | [AR]:                           | [CA]                            | [CO]            | [CT]                         | [DE]        | [DC]          | [FL]           | [GA]                                  | [HI]                                  | [ID]                                                      |
| (IL)  | [M]                 | [IA]                                | [KS]                            | [KY]                            | [LA]            | [ME]                         | [MD]        | [MA]          | [MI]           | [MN].                                 | [MS]                                  | [MO]                                                      |
| [MT   | ) [NE]              | [NV]                                | [NH]                            | [נא]                            | [NM]            | [NY]                         | INCI        | [ND]          | IOHI           | [OK]                                  | [OR]                                  | [PA]                                                      |
| [RI]  | [SC]                | [SD]                                | [TN]                            | [TX]                            | [UT]            | [VT]                         | [VA]        | ĮVAJ          | [WV]           | [WI]                                  | [WY]                                  | [PR]                                                      |
| Full  | Name (Last name     | first, if individu                  | ial)                            |                                 |                 |                              |             |               |                |                                       |                                       |                                                           |
| Bus   | iness or Residence  | e Address (Numb                     | per and Street,                 | City, State,                    | Zip Code)       |                              |             |               |                |                                       |                                       |                                                           |
| Nan   | ne of Associated E  | Proker or Dealer                    |                                 |                                 |                 |                              |             |               |                |                                       |                                       |                                                           |
| INAII | ie of Associated E  | STOKET OF DEALER                    |                                 |                                 |                 |                              |             |               |                |                                       |                                       |                                                           |
| State | es in Which Perso   | n Listed Has Sol                    | icited or Inten                 | ds to Solici                    | Purchasers      |                              |             |               |                | - <del>1, 2,</del>                    |                                       | ***************************************                   |
| (Che  | eck "All States" of | r check individua                   | al States)                      |                                 |                 | ,                            |             | ••••••••      |                | · · · · · · · · · · · · · · · · · · · |                                       |                                                           |
| JAL   | [AK]                | [AZ]                                | [AR]                            | [CA]                            | [CO]            | [CT]                         | [DE]        | [DC]          | [FL]           | [GA]                                  | [HI]                                  | [ID]                                                      |
| [IL]  | [IN]                | [IA]                                | [KS]                            | [KY]                            | [LA]            | [ME]                         | [MD]        | [MA]          | [MI]           | [MN]                                  | [MS]                                  | [MO]                                                      |
| IMT   | ] [NE]              | [NV]                                | [NH]                            | [NJ]                            | [NM]            | [NY]                         | [NC]        | [ND]          | [OH]           | [OK]                                  | [OR]                                  | [PA]                                                      |
| [RI]  | [SC]                | [SD]                                | [TN]                            | [TX]                            | [UT]            | [VT]                         | [VA]        | [VA]          | [WV]           | [WI]                                  | [WY]                                  | [PR]                                                      |

|    | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND                                                                                                                                                                                                                                                                                                                       | USE OF PROCEEDS |                |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount alread transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of to Type of Security                                                                                                                                  |                 |                |
|    | Debt                                                                                                                                                                                                                                                                                                                                                                       | \$              | \$             |
|    | Equity                                                                                                                                                                                                                                                                                                                                                                     | \$              | \$             |
|    | Common Preferred                                                                                                                                                                                                                                                                                                                                                           |                 |                |
|    | Convertible Securities (including warrants)                                                                                                                                                                                                                                                                                                                                | \$250,000.00*   | \$\$50,000.00* |
|    | Partnership Interests                                                                                                                                                                                                                                                                                                                                                      | \$              | \$             |
|    | Other (Specify)                                                                                                                                                                                                                                                                                                                                                            | \$              | \$             |
|    | Total                                                                                                                                                                                                                                                                                                                                                                      | \$              | \$             |
|    | Answer also in Appendix, Column 3, if filing under ULOE.                                                                                                                                                                                                                                                                                                                   | <u> </u>        | <del></del>    |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." |                 |                |
|    |                                                                                                                                                                                                                                                                                                                                                                            | Number          | Aggregate      |
|    |                                                                                                                                                                                                                                                                                                                                                                            | Investors       | Dollar Amount  |
|    |                                                                                                                                                                                                                                                                                                                                                                            |                 | of Purchases   |
|    | Accredited Investors                                                                                                                                                                                                                                                                                                                                                       | 5               | \$ 250,000.00  |
|    | Non-accredited Investors                                                                                                                                                                                                                                                                                                                                                   | 0               | \$             |
|    | Total (for filings under Rule 504 only)                                                                                                                                                                                                                                                                                                                                    |                 | S              |
|    | Answer also in Appendix, Column 4, if filing under ULOE.                                                                                                                                                                                                                                                                                                                   |                 | <del> </del>   |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities                                                                                                                                                                                                                                                                |                 |                |
| •  | sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.                                                                                                                                                             |                 |                |
|    |                                                                                                                                                                                                                                                                                                                                                                            | Type of         | Dollar Amount  |
|    |                                                                                                                                                                                                                                                                                                                                                                            | Security        | Sold           |
|    | Type of Offering                                                                                                                                                                                                                                                                                                                                                           | ·               |                |
|    | Rule 505                                                                                                                                                                                                                                                                                                                                                                   | N/A             | \$             |
|    | Regulation A                                                                                                                                                                                                                                                                                                                                                               | N/A             | \$             |
|    | Rule 504                                                                                                                                                                                                                                                                                                                                                                   | N/A             | \$             |
|    | Total                                                                                                                                                                                                                                                                                                                                                                      | N/A             | \$             |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not                                                                |                 |                |
|    | known, furnish an estimate and check the box to the left of the estimate.                                                                                                                                                                                                                                                                                                  |                 |                |
|    | Transfer Agent's Fees                                                                                                                                                                                                                                                                                                                                                      |                 | \$             |
|    | Printing and Engraving Costs                                                                                                                                                                                                                                                                                                                                               | _               | \$             |
|    | Legal Fees                                                                                                                                                                                                                                                                                                                                                                 | <b>E</b>        | \$2,000.00     |
|    | Accounting Fees                                                                                                                                                                                                                                                                                                                                                            |                 | \$             |
|    | Engineering Fees                                                                                                                                                                                                                                                                                                                                                           |                 | \$             |
|    | Sales Commissions (specify finders' fees separately)                                                                                                                                                                                                                                                                                                                       |                 | \$             |
|    | Other Expenses (Identify)                                                                                                                                                                                                                                                                                                                                                  |                 | \$             |
|    | Total                                                                                                                                                                                                                                                                                                                                                                      | 图               | \$2,000.00     |

<sup>\*</sup> The aggregate fair market value of the Notes, if issued apart from the Warrants is two hundred forty-nine thousand seven hundred fifty dollars (\$249,750) and the aggregate fair market value of the Warrants, if issued apart from the Notes, is two hundred fifty dollars (\$250).

| <ul> <li>Enter the difference between the aggregate offering price g<br/>in response to Part C - Question 4.a. This difference is the</li> </ul>                                                                          |                                       |                                                    | \$248,000.00               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------|----------------------------|
| <ol> <li>Indicate below the amount of the adjusted gross proceeds to the<br/>If the amount for any purpose is not known, furnish an estim<br/>payments listed must equal the adjusted gross proceeds to the is</li> </ol> | nate and check the box to the left of | the estimate. The total of the Question 4.b above. |                            |
|                                                                                                                                                                                                                           |                                       | Payment to Officers,<br>Directors, & Affiliates    | Payment To<br>Others       |
| Salaries and fees                                                                                                                                                                                                         |                                       | * *                                                | ☐ \$                       |
| Purchase of real estate                                                                                                                                                                                                   |                                       |                                                    |                            |
| rurchase, rental or leasing and installation of machinery and equipm                                                                                                                                                      | ent                                   |                                                    |                            |
| Construction or leasing of plant buildings and facilities                                                                                                                                                                 |                                       |                                                    | □ \$                       |
| Acquisition of other businesses (including the value of securities in a nexchange for the assets or securities of another issuer pursuant to a                                                                            |                                       | sed                                                | □ s                        |
| Repayment of indebtedness                                                                                                                                                                                                 |                                       | ···· 🗆 s                                           | □ s                        |
| Working capital                                                                                                                                                                                                           |                                       | \$                                                 | <b>x</b> \$ 248,000.00     |
| Other (specify):                                                                                                                                                                                                          |                                       | — □s                                               | □ s                        |
|                                                                                                                                                                                                                           |                                       |                                                    |                            |
| Column Totals                                                                                                                                                                                                             |                                       |                                                    | × \$ 248,000,00            |
| Fotal Payments Listed (column totals added)                                                                                                                                                                               |                                       |                                                    |                            |
|                                                                                                                                                                                                                           | D. FEDERAL SIGNATURE                  |                                                    |                            |
| The issuer had duly caused this notice to be signed by the undersign undertaking by the issuer to furnish to the U.S. Securities and Expon-accredited investor pursuant to paragraph (b)(2) of Rule 502.                  | •                                     | -                                                  | 5 5                        |
| ssuer (Print or Type)                                                                                                                                                                                                     | Signature                             |                                                    | Date 20                    |
| insenda, Inc.                                                                                                                                                                                                             |                                       | / M2                                               | September <u>29</u> , 2005 |
|                                                                                                                                                                                                                           | Title of Signer (Print or Ty          |                                                    |                            |
| lame of Signer (Print or Type) ack McGovern                                                                                                                                                                               | Secretary and Chief Finance           |                                                    |                            |

# ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)